

Consent to the Application of a Permanent Makeup Procedure

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Work _____

Email _____

Referred By _____

Do you have any of the following conditions?

Allergies	_____	Keloids	_____	Asthma	_____
Scarring	_____	Hepatitis A, B or C	_____	History of Fainting	_____
Eye Problems	_____	Diabetes	_____	Epilepsy	_____
HIV	_____	Autoimmune Disease	_____	Blood Thinners	_____
Skin Problems	_____	Heart Problems	_____		

If yes, explain _____

Are you currently under the care of a physician? Yes _____ No _____

Physician's Name and Phone: _____

Are you currently taking any medication? Yes _____ No _____

If yes, please explain _____

Are you allergic to Petroleum, Latex or Nitrile? Yes _____ No _____

Are you pregnant or nursing? Yes _____ No _____

I have received an aftercare sheet Yes _____ No _____

I release my photos for marketing purposes Yes _____ No _____

- I acknowledge by signing this agreement that I have given the full opportunity to ask any and all questions which I might have about the obtaining of a permanent makeup procedure.
- I acknowledge that I have truthfully represented that I am over the age of eighteen (18) years old, and the following information is true and correct.
- I do not have a medical or skin condition such as but not limited to: acne, scarring (keloid), eczema, psoriasis, moles or sunburn in the area to be tattooed that may interfere with a permanent makeup procedure.
- I acknowledge that infection is always possible as a result of the obtaining of a tattoo, particularly in the event I do not take proper care of the area of the procedure. I agree to follow all instructions concerning the care of the permanent makeup procedure(s) while they are healing.
- I realize that variations in color and design may exist because of my skin type and undertone. I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin.
- I agree to release, forever discharge or hold harmless my Permanent Makeup Artist from any and all claims, damages or legal actions arising that are connected to the eyebrow procedure or the healing process or results.
- I have read the Pre-care instructions & guidelines for application form and understand what would not qualify myself from having a permanent makeup procedure done. I have also read the pre-care instructions and I understand them and I have no questions.

This is complete and accurate as to my medical history:

SIGNED _____ **DATE** _____